



01-12-00

G-83711 #5

Please type a plus sign (+) inside this box → ☐

PTO/SB/21 (6-98)
Approved for use through 09/30/2000. OMB 0651-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/372,560	
	Filing Date	August 11, 1999	
	First Named Inventor	Vancura	
	Group Art Unit	3711	
	Examiner Name		
Total Number of Pages in This Submission	13	Attorney Docket Number	1482/198(a)

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<div>TC 3700 MAIL ROOM JAN 18 2000 RECEIVED</div>
<input checked="" type="checkbox"/> Supplemental Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Robert C. Dorr, Esq. Dorr, Carson, Sloan & Birney, P.C.
Signature	<i>Robert C Dorr</i>
Date	January 10, 2000

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as express mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: 1/10/00			
Typed or printed name	Vicki O'Brien	Express #EK328008665US	
Signature	<i>Vicki O'Brien</i>	Date	January 10, 2000

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Docket No. 1482/198(a)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Re: Application of
Olaf Vancura

Art Unit: 3711

Serial No.: 09/372,560

Examiner:

Filed: August 11, 1999

For: KNOWLEDGE-BASED CASINO GAME
AND METHOD THEREFOR

RECEIVED
JAN 18 2000
TC 3700 MAIL ROOM

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Honorable Commissioner of
Patents and Trademarks
Washington, D.C. 20231

Dear Sir:

Applicant is aware of the art listed on the attached PTO/SB/08A form. A copy of this is enclosed for use by the Examiner. The First Office Action has not been received and no additional fee is required. If a fee is required, please debit our Deposit Account No. 04-1414.

Respectfully submitted,

DORR, CARSON, SLOAN & BIRNEY, P.C.

Date: 1/10/00

By: Robert C. Dorr
Robert C. Dorr, 27,782
3010 East 6th Avenue
Denver, Colorado 80206
(303) 333-3010